

## TRANSMITTAL FORM

Attorney Docket No.  
SVL920030055US1/2866PIn re the application of **Satoshi HADA et al.** Confirmation No: **9214**Serial No **10/651,691**Group Art Unit: **2168**

Filed, August 29, 2003

Examiner: **Gortayo, Dangelino N.**For: **Method and System for Providing Path-Level Access Control for Structured Documents****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief		
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard		
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .					
<input type="checkbox"/>	Executed Declaration by Inventor(s)						

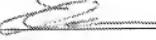
**CLAIMS**

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	37	37	0	\$ 50.00	\$ 0.00
Independent Claims	7	7	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

**METHOD OF PAYMENT**

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	August 30, 2006

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted to Examiner Dangelino N. Gortayo via the USPTO EFS-Web on August 30, 2006.

Type or printed name	Jinny Nguyen
Signature	